

QUESTIONNAIRE AND RESULTS

Questionnaire and Results

First, please tell us...

1. What is today's date?

____/____/____
Month Day Year

2. Is your baby living with you now?

☐ No (.7%)
☐ Yes (99.3%)

Next, we would like to ask a few questions about you and the time before you became pregnant with your new baby. Please check the box next to your answer.

3. **Just before** you got pregnant, did you have health insurance? (Don't count Medicaid)

☐ No (36.4%)
☐ Yes (63.6%)

4. **Just before** you got pregnant, were you on Medicaid?

☐ No (95.3%)
☐ Yes (4.7%)

5. In the month before you got pregnant with your new baby, how many times a week did you take a multiple vitamin (a pill that contains many different vitamins and minerals)?

Check one answer

☐ I didn't take a multiple vitamin at all (52.7%)
☐ 1 to 3 times a week (11.3%)
☐ 4 to 6 times a week (8.0%)
☐ Every day of the week (28.1%)

6. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?

☐ No (10.3%)
☐ Yes (89.7%)

7. **Just before** you got pregnant, how much did you weigh?

____ Pounds

Mean (149.2)
Median (139.9)
Mode (130)
Minimum (83)
Maximum (350)

8. How tall are you without shoes?

____ Feet ____ Inches

Mean (5'4")
Median (5'4")
Mode (5'3")
Minimum (4'0")
Maximum (6'6")

9. Thinking back to **just before** you got pregnant, how did you feel about becoming pregnant?

Check one answer

☐ I wanted to be pregnant sooner (17.7%)
☐ I wanted to be pregnant later (29.8%)
☐ I wanted to be pregnant then (44.7%)
☐ I didn't want to be pregnant then or at any time in the future (7.7%)

10. When you got pregnant with your new baby, were you trying to become pregnant?

☐ No **Go to Question 11** (47.4%)
☐ Yes **Go to Question 13** (52.6%)

11. **—only asked of mothers who were not trying to get pregnant**

When you got pregnant with your new baby, were you or your husband or partner using any kind of birth control? (Birth control means the pill, condoms, diaphragm, foam, rhythm, Norplant®, shots [DepoProvera®], or other methods such as not having sex at certain times [rhythm], having your tubes tied, or your partner having a vasectomy.)

☐ No **Go to Question 12** (54.9%)
☐ Yes **Go to Question 13** (45.1%)

12. **—only asked of mothers who were not trying to get pregnant and not using birth control**

Why were you or your husband or partner not using any birth control?

Check all that apply

☐ I didn't mind if I got pregnant (41.5%)
☐ I didn't think I could get pregnant (22.4%)
☐ I had been having side effects from the birth control I used (17.2%)
☐ I didn't want to use birth control (17.0%)
☐ My husband or partner didn't want to use birth control (9.0%)
☐ I didn't think I was going to have sex (8.1%)
☐ Other → Please tell us: (20.2%)

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care provider before your baby was born to get checkups and advice about pregnancy.

13. How many weeks or months pregnant were you when you were **sure** you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

____ Weeks OR ____ Months

Mean (5.8 weeks)
Median (4.4 weeks)
Mode (6 weeks)
Minimum (1 week)
Maximum (36 weeks)

14. How many weeks or months pregnant were you when you had your first visit for prenatal care? (Don't count a visit that was **only for a pregnancy test or only for WIC.**)

____ Weeks OR ____ Months **Go to Question 17**

Mean (11.0 weeks)
Median (10.8 weeks)
Mode (12 weeks)
Minimum (0 weeks)
Maximum (29 weeks)

I didn't go for prenatal care **Go to Question 15** (0.6%)

15. **—only asked of mothers who did not go for prenatal care**

Did you want to get prenatal care?

☐ No **Go to Question 23**
☐ Yes **Go to Question 16**

number of respondents too small for valid statistics

16. **—only asked of persons who did not go for prenatal care but wanted it**

Did any of these things keep you from getting prenatal care?

Check all that apply

☐ I couldn't get an appointment
☐ I didn't have enough money or insurance to pay for my visits
☐ My husband or partner didn't want me to get prenatal care
☐ I didn't know that I was pregnant
☐ I had no way to get to the clinic or doctor's office
☐ I couldn't find a doctor or other health care provider who would take me as a patient
☐ I had no one to take care of my children
☐ I couldn't get the time off from my job
☐ I had too many other things going on
☐ Other → Please tell us:

number of respondents too small for valid statistics

If you **did not** receive prenatal care – **Go to Question 23**

If you **did** receive prenatal care – **Go to Question 17**

17. **—only asked of mothers who received prenatal care**

Did you get prenatal care as early in your pregnancy as you wanted?

☐ No **Go to Question 18** (19.2%)
☐ Yes **Go to Question 19** (80.8%)

18. **—only asked of mothers who received prenatal care but not as early as wanted**

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Which of these things kept you from getting prenatal care as early as you wanted?

Check all that apply

- ☐ I didn't have my Medicaid card (17.0%)
- ☐ I couldn't get an appointment earlier in my pregnancy (28.3%)
- ☐ I didn't have enough money or insurance to pay for my visits (28.1%)
- ☐ I didn't know that I was pregnant (30.2%)
- ☐ I had no way to get to the clinic or doctor's office (5.2%)
- ☐ The doctor would not start care earlier (12.3%)
- ☐ I had a hard time finding a doctor or health care provider who would take me as a patient (4.1%)
- ☐ I had too many other things going on (7.5%)
- ☐ Other → Please tell us: (16.5%)

19. **—only asked of mothers who received prenatal care**

Did any of these things keep you from attending your scheduled prenatal care visits?

Check all that apply

- ☐ I didn't have enough money or insurance to pay for my visits (3.1%)
- ☐ My provider wouldn't take me until I had enough money to pay for the visits (0.4%)
- ☐ I had no way to get to the clinic or doctor's office (1.7%)
- ☐ The distance to my doctor's office or clinic was too far (1.6%)
- ☐ I couldn't get an appointment at the time that would work with my schedule (2.1%)
- ☐ I had no one to take care of my children (1.9%)
- ☐ I had too many other things going on (1.2%)
- ☐ I couldn't get time off from my job (1.1%)
- ☐ Nothing kept me from attending my scheduled prenatal care visits (79.5%)
- ☐ Other → Please tell us: (3.7%)

20. **—only asked of mothers who received prenatal care**

Where did you go most of the time for your prenatal visits? (**Don't include visits for WIC.**)

Check one answer

- ☐ Hospital clinic (15.2%)
- ☐ Private doctor's office (78.1%)
- ☐ Community/Migrant Health Center (1.8%)
- ☐ Indian Health Center (0.8%)
- ☐ Other → Please tell us: (4.2%)

21. **—only asked of mothers who received prenatal care**

During any of your prenatal care visits, did a doctor, nurse, or other health care provider talk to you or give you information about any of the issues listed below?

For each item, please **circle Y (Yes)** if someone talked with you or gave information to you about it, or **N (No)** if no one talked with you or gave information to you about it.

- a) What you should eat during your pregnancy (82.8%)
- b) How much weight you should gain during pregnancy (84.2%)
- c) The importance of taking vitamin supplements during your pregnancy (92.8%)
- d) The importance of getting regular dental care during your pregnancy (34.2%)
- e) Which kinds of medicine are safe to take during your pregnancy (87.4%)
- f) How drinking alcohol during pregnancy could affect your baby (84.2%)
- g) How smoking during pregnancy could affect your baby (85.0%)
- h) How using illegal drugs could affect your baby (82.6%)
- i) Doing tests to screen for birth defects or diseases that run in your family (83.5%)
- j) Getting your blood tested for HIV (the virus that causes AIDS) (78.9%)
- k) Getting tested for group B Strep infection (88.3%)
- l) Physical abuse to women by their husband or partner (37.1%)
- m) What to do if your labor starts early (82.5%)
- n) The benefits of breastfeeding your baby (88.7%)

22. **—only asked of mother who received prenatal care**

How was your prenatal care paid for?

Check all that apply

- ☐ Medicaid (34.3%)
- ☐ Personal income (cash, check, or credit card) (48.0%)
- ☐ Health insurance or HMO (58.8%)
- ☐ The military (1.4%)

- ☐ The Indian Health Service (1.0%)
- ☐ Other → Please tell us: (2.4%)

The next questions are about your most recent pregnancy and things that may have happened during your pregnancy.

23. Did you try to get Medicaid coverage during this pregnancy?

- ☐ No **Go to Question 25** (60.6%)
- ☐ Yes **Go to Question 24** (39.4%)

24. **—only asked of mothers who tried to get Medicaid coverage during pregnancy**

Which of these things happened during your pregnancy?

Check all that apply

- ☐ I had a hard time getting help from the Medicaid staff (8.1%)
- ☐ I was told I was not eligible for Medicaid services (16.2%)
- ☐ I did not understand how to use my Medicaid card or what was covered (7.0%)
- ☐ I did not get all of the Medicaid services that I needed (9.1%)
- ☐ I had a problem finding a doctor who would accept me as a Medicaid patient (2.9%)
- ☐ I was assigned to a doctor that I did not choose (2.5%)
- ☐ I did not have any problems with Medicaid (62.4%)

25. At any time during your pregnancy, did you have a blood test for HIV (the virus that causes AIDS)?

- ☐ No (35.0%)
- ☐ Yes (49.0%)
- ☐ I don't know (16.1%)

26. During your most recent pregnancy, were you told by a doctor, nurse, or other health care worker that you had any of the following infections? For each item, please **circle Y (Yes)** if someone told you that you had the infection, or **N (No)** if no one told you that you had the infection.

- a) Bacterial Vaginosis (BV) (3.1%)
- b) Chlamydia (1.3%)
- c) Gonorrhea (0.5%)
- d) Group B Strep (14.4%)

27. **During your pregnancy**, did you participate in the WIC Program (the Supplemental Nutrition Program for Women, Infants, and Children)?

- ☐ No (66.3%)
- ☐ Yes (33.7%)

28. Did you take vitamin supplements during your pregnancy?

- ☐ No (7.3%)
- ☐ Yes (92.7%)

The next questions are about the care of your teeth and gums during your most recent pregnancy.

29. During your most recent pregnancy, did you go to a dentist or dental clinic for routine care such as teeth cleaning or regular check-up?

- ☐ No **Go to Question 30** (62.5%)
- ☐ Yes **Go to Question 31** (37.6%)

30. **—only asked of mothers who did not go to a dentist during pregnancy**

Why did you not go to a dentist or dental clinic for routine care during your most recent pregnancy?

Check all that apply

- ☐ It had been less than 1 year since my last dental visit (14.2%)
- ☐ I did not have enough money or insurance to pay for the visit (50.1%)
- ☐ I did not feel that I needed to go to a dentist (23.2%)
- ☐ I had too many other things going on (16.0%)
- ☐ Other → Please tell us: (15.3%)

The next questions are about smoking cigarettes and drinking alcohol.

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31. Have you smoked at least 100 cigarettes (5 packs) in your entire life? (A pack has 20 cigarettes.)
☐ No **Go to Question 35** (67.3%)
☐ Yes **Go to Question 32** (32.7%)
32. **—only asked of mothers who had smoked at least 100 cigarettes in their entire life**
 In the **3 months before** you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)
 _____ Cigarettes OR _____ Packs
 Mean (16.4 cigarettes)
 Median (9.9 cigarettes)
 Mode (20 cigarettes)
 Minimum (1 cigarette)
 Maximum (240 cigarettes)
☐ Less than 1 cigarette a day (4.9%)
☐ I don't smoke (36.7%)
☐ I don't know (7.0%)
33. **—only asked of mother who had smoked at least 100 cigarettes in their entire life**
 In the **last 3 months** of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)
 _____ Cigarettes OR _____ Packs
 Mean (8.6 cigarettes)
 Median (7.4 cigarettes)
 Mode (10 cigarettes)
 Minimum (1 cigarette)
 Maximum (20 cigarettes)
☐ Less than 1 cigarette a day (2.7%)
☐ I don't smoke (72.9%)
☐ I don't know (2.4%)
34. **—only asked of mother who had smoked at least 100 cigarettes in their entire life**
 How many cigarettes or packs of cigarettes do you smoke on an average day **now**? (A pack has 20 cigarettes.)
 _____ Cigarettes OR _____ Packs
 Mean (12.3 cigarettes)
 Median (9.7 cigarettes)
 Mode (20 cigarettes)
 Minimum (1 cigarette)
 Maximum (40 cigarettes)
☐ Less than 1 cigarette a day (4.9%)
☐ I don't smoke (51.5%)
☐ I don't know (2.9%)
35. Have you had any alcoholic drinks in the past 2 years? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)
☐ No **Go to Question 38** (47.0%)
☐ Yes **Go to Question 36** (53.0%)
36. **—only asked of mothers who had an alcoholic drink in the past 2 years**
 During the **3 months before** you got pregnant, how many alcoholic drinks did you have in an average week?
☐ I didn't drink then (27.5%)
☐ Less than 1 drink a week (43.8%)
☐ 1 to 3 drinks a week (17.6%)
☐ 4 to 6 drinks a week (7.2%)
☐ 7 to 13 drinks a week (1.8%)
☐ 14 or more drinks a week (2.2%)
☐ I don't know (0.0%)
37. **—only asked of mother who had an alcoholic drink in the past 2 years**
 During the **last 3 months** of your pregnancy, how many alcoholic drinks did you have in an average week?
☐ I didn't drink then (92.5%)
☐ Less than 1 drink a week (6.7%)
☐ 1 to 3 drinks a week (0.4%)
☐ 4 to 6 drinks a week (0.0%)
☐ 7 to 13 drinks a week (0.0%)
☐ 14 or more drinks a week (0.0%)
☐ I don't know (0.4%)

Pregnancy can be a difficult time for some women. These next questions are about things that may have happened before and during your most recent pregnancy.

38. During the **12 months before you got pregnant**, did anyone push, hit, slap, kick, choke, or physically hurt you in any other way?
☐ No **Go to Question 40** (93.5%)
☐ Yes **Go to Question 39** (6.5%)
39. **—only asked of mothers who were hurt during the 12 months before pregnancy**
 Who physically hurt you? Indicate relationship at time of incident(s).
Check all that apply
☐ Husband or partner (53.9%)
☐ Ex-husband or ex-partner (18.0%)
☐ Other relative (10.6%)
☐ Someone else (21.8%)
40. **During your most recent pregnancy**, did anyone push, hit, slap, kick, choke, or physically hurt you in any other way?
☐ No **Go to Question 42** (95.8%)
☐ Yes **Go to Question 41** (4.2%)
41. **—only asked of mothers who were hurt during pregnancy**
 Who physically hurt you? Indicate relationship at time of incident(s).
Check all that apply
☐ Husband or partner (56.6%)
☐ Ex-husband or ex-partner (13.6%)
☐ Other relative (10.7%)
☐ Someone else (18.9%)

The next questions are about your labor and delivery.

42. Just before delivery of your new baby, how much did you weigh?
 _____ Pounds
 Mean (180.5)
 Median (174.3)
 Mode (170)
 Minimum (65)
 Maximum (352)
43. After the birth of your baby, how long did **you** stay in the hospital or birthing center?
☐ Less than 24 hours (Less than 1 day) (16.4%)
☐ 24-48 hours (1-2 days) (58.8%)
☐ 3 days (15.3%)
☐ 4 days (6.2%)
☐ 5 days (1.5%)
☐ 6 days or more (0.7%)
☐ I didn't have my baby in a hospital/birthing center (1.1%)
44. After your baby was born, how long did **your baby** stay in the hospital or birthing center?
☐ Less than 24 hours (Less than 1 day) (16.4%)
☐ 24-48 hours (1-2 days) (55.6%)
☐ 3 days (14.0%)
☐ 4 days (5.2%)
☐ 5 days (2.2%)
☐ 6 days or more (5.5%)
☐ My baby wasn't born in a hospital/birthing center (1.1%)
☐ My baby is still in the hospital (0.0%)
45. After your baby was born, was his/her hearing tested?
☐ No **Go to Question 49** (14.3%)
☐ Yes **Go to Question 46** (74.5%)
☐ I don't know **Go to Question 49** (11.3%)
46. **—only asked of mothers whose baby had a hearing test**
 When was your baby's hearing **first** tested?
☐ Before leaving the hospital or birthing center (91.9%)
☐ After leaving the hospital or birthing center (7.7%)
☐ My baby was not born at a hospital or birthing center, but was tested (0.4%)
47. **—only asked of mothers whose baby had a hearing test**

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What was the result of the first hearing test?

- ☐ My baby needed further hearing tests **Go to Question 48** (20.2%)
- ☐ My baby passed the test **Go to Question 49** (78.0%)
- ☐ I don't know **Go to Question 49** (1.8%)

48. **—only asked of mothers whose baby needed further hearing tests**

Did your new baby get any further hearing tests?

- ☐ No (5.6%)
- ☐ Yes, and my baby has a hearing loss (1.7%)
- ☐ Yes, and my baby passed the hearing test (88.8%)
- ☐ Yes, and the test was inconclusive (3.8%)

49. How was your delivery paid for?

Check all that apply

- ☐ Medicaid (38.8%)
- ☐ Personal income (cash, check, or credit card) (42.7%)
- ☐ Health insurance or HMO (58.3%)
- ☐ The military (1.5%)
- ☐ The Indian Health Service (0.9%)
- ☐ Other → Please tell us: (2.8%)

The next questions are about the time since your new baby was born.

50. Did you bring your new baby home in a car seat?

- ☐ No (0.6%)
- ☐ Yes (99.4%)

51. During the 6 weeks after your new baby was born, did a doctor, nurse, or other health care worker talk to you or give you information about using birth control?

- ☐ No (15.2%)
- ☐ Yes (84.8%)

52. Did you ever breastfeed or pump breast milk to feed your new baby?

- ☐ No **Go to Question 56** (10.8%)
- ☐ Yes **Go to Question 53** (89.2%)

53. **—only asked of mothers who breastfed**

Are you still breastfeeding or feeding pumped milk to your new baby?

- ☐ No **Go to Question 54** (53.3%)
- ☐ Yes **Go to Question 56** (46.8%)

54. **—only asked of mothers who breastfed**

How many weeks or months did you breastfeed or pump milk to feed your new baby?

_____ Weeks OR _____ Months

- Mean (11.0 weeks)
- Median (7.9 weeks)
- Mode (12 weeks)
- Minimum (1 week)
- Maximum (48 weeks)
- ☐ Less than 1 week (5.7%)

55. **—only asked of mothers who breastfed**

Why did you stop breastfeeding?

Check all that apply

- ☐ My baby became sick and could not breastfeed (4.2%)
- ☐ My baby had difficulty nursing (18.7%)
- ☐ Breast milk alone did not satisfy my baby (29.1%)
- ☐ I thought my baby was not gaining enough weight (6.5%)
- ☐ I had nipple or breast problems (13.3%)
- ☐ I became sick and could not breastfeed (5.6%)
- ☐ I felt it was the right time to stop (15.4%)
- ☐ I didn't have enough milk (32.5%)
- ☐ I went back to work or school (26.7%)
- ☐ I wanted or needed someone else to feed my baby (10.1%)
- ☐ Inconvenient to continue (13.0%)
- ☐ Other → Please tell us: (20.7%)

56. How many weeks or months old was your new baby when you started giving the following on a regular basis?

a) **Formula**

_____ Weeks OR _____ Months

Mean (10.6 weeks)

Median (7.8 weeks)

Mode (12 weeks)

Minimum (1 week)

Maximum (48 weeks)

- ☐ My baby was less than 1 week old (17.3%)
- ☐ My baby has not had formula on a regular basis (30.1%)
- ☐ I don't know (0.6%)

b) **Mushy or solid food**

_____ Weeks OR _____ Months

Mean (18.2 weeks)

Median (15.9 weeks)

Mode (16 weeks)

Minimum (1 week)

Maximum (36 weeks)

- ☐ My baby was less than 1 week old (0.0%)
- ☐ My baby has not had mushy or solid food on a regular basis (17.3%)
- ☐ I don't know (0.3%)

c) **Cow's milk**

_____ Weeks OR _____ Months

Mean (33.3 weeks)

Median (31.1 weeks)

Mode (32 weeks)

Minimum (8 week)

Maximum (48 weeks)

- ☐ My baby was less than 1 week old (0.1%)
- ☐ My baby has not had cow's milk on a regular basis (94.1%)
- ☐ I don't know (0.6%)

57. During the **3 months after your delivery**, would you say that you were...

Check one answer

- ☐ Not depressed at all (39.1%)
- ☐ A little depressed (40.2%)
- ☐ Moderately depressed (14.8%)
- ☐ Very depressed (6.0%)

58. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

_____ Hours (2.4%)

Mean (7.4 hours)

Median (3.6 hours)

Mode (2 hours)

Minimum (1 hour)

Maximum (24 hours)

- ☐ Less than 1 hour a day (5.3%)
- ☐ My baby is never in the same room with someone who is smoking (92.3%)

59. Which of the following statements best describes the rules about smoking inside your house?

Check one answer

- ☐ No one is allowed to smoke anywhere inside my home (94.7%)
- ☐ Smoking is permitted anywhere inside my home (0.7%)
- ☐ Smoking is not allowed in my baby's room, but is permitted in other places in the house (4.6%)

60. How do you **most** often lay your baby down to sleep now?

Check one answer

- ☐ On his or her side (18.7%)
- ☐ On his or her back (68.1%)
- ☐ On his or her stomach (13.3%)

61. How often does your new baby sleep on something soft, like a fluffy blanket or comforter, soft pillow, featherbed, or sheepskin?

- ☐ Always (10.3%)
- ☐ Sometimes (23.0%)
- ☐ Never (66.8%)

62. About how many times has your baby been to a doctor or nurse for **routine well-baby check-ups**? Don't count the times you took your baby for care when he or she was sick or visits only for immunizations.

_____ Times **Go to Question 63**

Mean (3.5)

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Median (2.8)
Mode (3)
Minimum (1)
Maximum (20)
☐ My baby hasn't been for routine well-baby care (6.6%)
→ **Go to Question 64**

63. **—only asked of mothers whose baby had well-baby check-ups**
When your baby goes for **routine well-baby check-ups**, where do you take him or her?

Check all the places that you use

- ☐ Hospital clinic (17.3%)
☐ Private doctor's office (70.5%)
☐ Community or Migrant Health Center (3.2%)
☐ Indian Health Center (0.9%)
☐ Military facility (0.7%)
☐ Other → Please tell us: (3.7%)

64. What, if anything, prevented your baby from having routine well-baby check-ups?

Check all that apply

- ☐ I didn't have enough money or insurance to pay for it (4.5%)
☐ I couldn't get an appointment (1.4%)
☐ I had no way to get the baby to the clinic or office (2.0%)
☐ I didn't have anyone to take care of my other children (1.6%)
☐ I didn't know where to go (0.6%)
☐ I didn't know about routine well-baby check-ups (3.0%)
☐ Nothing prevented my baby from having routine well-baby check-ups (79.0%)
☐ Other → Please tell us: (5.4%)

65. What, if anything, kept your baby from getting care as many times as you wanted when he or she was sick?

Check all that apply

- ☐ I didn't have enough money or insurance to pay for it (3.7%)
☐ I couldn't get an appointment (1.5%)
☐ I couldn't take off from work (1.1%)
☐ I had no way to get to the clinic or doctor's office (1.1%)
☐ I didn't have anyone to take care of other children (0.7%)
☐ My baby got care as many times as I wanted (62.5%)
☐ My baby has never been sick (21.7%)
☐ Other → Please tell us: (2.4%)

66. Is your new baby enrolled in the Immunization Reminder Information System (IRIS)?

- ☐ No (19.5%)
☐ Yes (68.7%)
☐ I don't know (11.7%)

67. Are your baby's immunizations (shots) up to date according to the immunization schedule?

- ☐ No **Go to Question 68** (18.8%)
☐ Yes **Go to Question 69** (81.0%)
☐ I don't know **Go to Question 68** (0.4%)

68. **—only asked of mothers whose baby's immunizations are not up to date**

If no, or don't know, why?

Check all that apply

- ☐ My baby was sick or had medical problems (16.7%)
☐ I wanted to wait until my baby was older (8.4%)
☐ I didn't have enough money or insurance (3.2%)
☐ I had no way to get the baby to the clinic or office (1.1%)
☐ The clinic was not open when it was convenient for me (5.1%)
☐ I don't know what is recommended by the schedule (1.5%)
☐ I had too many other things going on (2.8%)
☐ I don't think immunizations are safe (6.6%)
☐ Other → Please tell us: (12.5%)

69. Is your new baby in the Children's Health Insurance Program (CHIP)?

- ☐ No **Go to Question 70** (85.8%)
☐ Yes **Go to Question 71** (14.2%)

70. **—only asked of mothers whose baby is not enrolled in CHIP**
Why didn't you enroll your new baby in CHIP?

Check all that apply

- ☐ I already had insurance for my baby (66.0%)
☐ I didn't think he/she was eligible (18.4%)
☐ I didn't know about the program (22.3%)
☐ Other → Please tell us: (10.8%)

71. Have you ever heard or read about what can happen if a baby is shaken?

- ☐ No (2.4%)
☐ Yes (97.6%)

72. Since your new baby was born, have you used WIC services for your new baby?

- ☐ No (56.7%)
☐ Yes (43.3%)

The next questions are about you and your family.

73. How many people live in your household?

Count yourself

_____ Children less than 5 years old
Mean (1.7)
Median (1.0)
Mode (1)
Minimum (0)
Maximum (7)
_____ Children 5 through 17 years old
Mean (1.4)
Median (0.6)
Mode (1)
Minimum (0)
Maximum (9)
_____ Adults 18 years old or older
Mean (2.1)
Median (1.5)
Mode (2)
Minimum (0)
Maximum (8)

74. Are you currently in school or working outside of the home?

- ☐ No **Go to Question 76** (56.3%)
☐ Yes **Go to Question 75** (43.7%)

75. **—only asked of mothers who are currently in school or working outside the home**

About how old was your new baby when you started or went back to school or work outside of the home?

_____ Weeks OR _____ Months

Mean (10.9 weeks)
Median (8.0 weeks)
Mode (12 weeks)
Minimum (1 week)
Maximum (40 weeks)
Less than 1 week (0.9%)

76. **In the 12 months before your delivery**, what was your total household income from all sources, before taxes?

- ☐ Less than \$10,000 (13.4%)
☐ \$10,000 to \$14,999 (10.5%)
☐ \$15,000 to \$19,999 (10.2%)
☐ \$20,000 to \$24,999 (10.7%)
☐ \$25,000 to \$29,999 (7.8%)
☐ \$30,000 to \$34,999 (9.2%)
☐ \$35,000 to \$49,999 (16.1%)
☐ \$50,000 to \$74,999 (13.9%)
☐ \$75,000 or more (8.4%)

Thanks for answering our questions! Your answers will help us work to make Idaho mothers and babies healthier.

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